

Date \_\_\_\_\_  
Time Applied \_\_\_\_\_

PRE-APPLICATION  
REHABILITATION PROGRAM

THIS PRE-APPLICATION DOES NOT OBLIGATE YOU OR THE TOWN OF CAMP VERDE

PLEASE COMPLETE THE ENTIRE FORM, FRONT AND BACK.

**PLEASE PRINT:**

HEAD OF HOUSEHOLD'S FULL LEGAL NAME:

RESIDENCE ADDRESS:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Unit Type: Mobile Home \_\_\_\_\_ Year Built \_\_\_\_\_ Framed House \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

Street/P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

HOME TELEPHONE NO.: \_\_\_\_\_ MESSAGE TELEPHONE NO.: \_\_\_\_\_

1. LIST EACH PERSON WHO LIVES WITH YOU. START WITH YOURSELF.

	Last Name	First Name	MI	Relationship	Birth date	Age	Sex	Social Security Number
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Do you anticipate any changes in your household composition within the next 12 months? Yes/No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

2. LIST ALL INCOME THAT YOUR HOUSEHOLD RECEIVES, OR WILL BE RECEIVING IN THE NEXT 12 MONTHS. GIVE THE SOURCE AND THE AMOUNTS OF THE INCOME.

Family Member	Source and Type of Income	Monthly Income	Annual Income

Does anyone outside of your household pay for any of your bills or give you money? Yes/No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

3. LIST ALL ASSETS OF ALL HOUSEHOLD MEMBERS (Checking Accounts, Savings, Stocks, Bonds, etc.)

Family Member	Type of Asset	Bank Name	Account Number	Current Balance

4. Do you own any other home or other real estate? Yes/No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

5. Have you ever sold, given away or quit claimed any property or other assets in the past two years? Yes/No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

6. Have you ever received rehabilitation assistance in the past? Yes/No \_\_\_\_\_

If yes, what is the name and address of the agency that provided assistance? \_\_\_\_\_

When was assistance received? \_\_\_\_\_

Address assistance was used on \_\_\_\_\_

7. List other names you have used in the past or are currently using, including maiden and/or married names. \_\_\_\_\_

8. List other Social Security Numbers you have used in the past or are currently using: \_\_\_\_\_

9. THE FOLLOWING INFORMATION IS BEING REQUESTED TO COMPLY WITH EQUAL OPPORTUNITY REQUIREMENTS AND TO ASSURE THAT NO DISCRIMINATION OCCURS. YOUR ANSWER WILL NOT AFFECT YOUR SELECTION FOR THE PROGRAM.

Is the Head of Household: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ American Indian

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS TO ASSURE THAT NO DISCRIMINATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.**

**I/WE CERTIFY THAT I/WE HAVE ANSWERED ALL THE QUESTIONS IN THIS PRE-APPLICATION FULLY AND TRUTHFULLY. I/WE UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION CAN RESULT IN A DENIAL OF HOUSING REHABILITATION ASSISTANCE.**

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-HEAD OF HOUSEHOLD/ SPOUSE

\_\_\_\_\_  
DATE